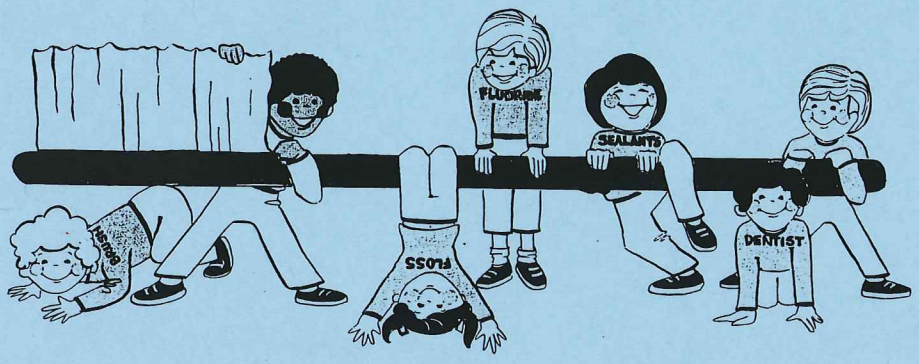
Make Your Smile Count

Utah Oral Health Survey 2000



Division of Community and Family Health Services
Oral Health Program

Utah Department
of Health

☐Promote ☐Prevent ☐Protect

Make Your Smile Count

Utah Oral Health Survey 2000

Utah Department of Health
Division of Community and Family Health Services
Oral Health Program

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December 2001

Dear Friends and Colleagues:

The Utah Department of Health is pleased to present to you the 2000 Statewide Oral Health Survey of six to eight year old children. The Division of Community and Family Health Services prioritized the need for a statewide dental survey to document the oral health status of Utah children.

Data was collected from children ages six through eight years of age, which corresponds to the ages identified in the Oral Health Healthy People 2010 objectives. A random sample of schools was selected to reflect local health department populations. With this data the state and each local health department can compare the dental health status of children with those at the national level and Healthy People 2010 goals.

Even though there have been improvements, dental disease continues to be a significant problem affecting Utah children. The survey results will be used by the Oral Health Program in developing programs with concerned stakeholders to improve the oral health of Utah residents.

I encourage you to share your ideas, suggestions, and comments with report coordinators in the Oral Health Program:

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Thank you for your continued support.

Sincerely,

G. Delavan

George W. Delavan, M.D.
Division Director

Make Your Smile Count
Utah Oral Health Survey 2000

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Introduction

Introduction

The Surgeon General's Report on Oral Health, which was released in May 2000, indicated the following national data.

- Dental caries is the single most chronic childhood disease – five times more common than asthma and seven times more common than hay fever.
- Over 50% of five to nine year old children have at least one cavity or filling.
- There are striking disparities in dental disease by income. Poor children suffer twice as many dental caries as their more affluent peers, and their disease is more likely to be untreated.
- Uninsured children are 2.5 times less likely than insured children to receive dental care.
- More than 51 million school hours are lost each year to dental-related illness. Pain and suffering due to untreated diseases can lead to problems in eating, speaking and learning.
- Oral diseases and conditions are associated with other health problems.
- Safe and effective measures exist to prevent dental caries and periodontal disease.*

As in the rest of the nation, Utah children are affected by dental disease. The Oral Health Program (OHP), Utah Department of Health (UDOH), surveyed six to eight year old children during the fall 2000 to determine and document their oral health status. The results of this survey were to be shared with appropriate policy makers, be available to OHP partners, and determine future OHP activities.

The decision was made to use the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Surveys: An Approach to Monitoring Community Oral Health protocol. This protocol gathers data concerning dental care access, caries present, treatment urgency, caries experience and sealants present. These data correspond to the Health People 2010 Objectives. In contrast, previous Utah surveys focused on measuring Decayed, Missing and Filled Surfaces (DMFS) and sealants present based on the National Institute of Dental Research (NIDR) criteria. By changing to the ASTDD protocol, our results are comparable to other states, relate to HP2010 Objectives, and allow the Program to do the survey on a more frequent basis. However, direct comparisons to previous surveys cannot be made. Changes in screening methodology have previously been made as needed. For instance, in Utah's 1982 survey eight to twelve year old children were screened and the status of only permanent teeth was reported. In 1996 the ages were changed to six to eight years old with both permanent and primary teeth results reported, which corresponded to the HP 2000 Objectives.

Previous Utah studies have shown that for the eight year old children 5.2% had sealants and 37% had caries experience in their permanent teeth in 1982. There were 28% of eight year old children with at least one sealant in 1987. In 1996 43% of eight year olds had sealants and 65% of six to eight year olds had caries experience in their permanent or primary teeth. In 1996 the local health departments with the lowest untreated caries rates were Summit, Davis and Bear River; the lowest caries experience rates were Summit, Davis and Utah; and the highest sealant placement rates were Uintah, Bear River and Wasatch.

* US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General – Executive Summary. Rockville, MD:US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

Methods

Methods

Pre-screening

The ASTDD protocol was selected as the most appropriate screening tool. The protocol was approved by Institutional Review Board of the Utah Department of Health. It was decided to award the school a $1.00 per permission slip returned as an incentive to increase participation. The screening supplies were purchased and forms were printed. Epi-Info was programmed into a laptop computer for the data collection of the questionnaire and the screening results.

A stratified random sample of schools was selected to reflect local health department populations. Thirty-seven schools were selected. (See Appendix 1.) (Four schools were counted as two school units because the first three grades were divided into separate schools.) One classroom each of first, second and third grades was to be screened. To maintain random selection each principal was asked to select for participation the teacher whose last name was closest to the letter A.

Permission to conduct the screening was requested from school district superintendents. A copy of this letter was mailed to the appropriate school principal. (See Appendix 2.) Letters were mailed to the local health department directors informing them of the scheduled screening. (See Appendix 3.) After the superintendents granted permission to do the screenings, a second packet was mailed to the principal with a letter confirming involvement in the screening and enough permission slips for the three classrooms. (See Appendix 4.) The permission slips were to be sent home with the child one week prior to the screening. A letter requesting assistance on the day of the screening was mailed to the school nurse or local health department nursing director. (See Appendix 5.) The principal was called one week prior to the screening to confirm details.

Permission slips included demographic and access to care information and permission to participate. The parent had the option to grant permission to participate and to refuse response to the access to care questions. A letter to the parents on the reverse side of the permission slip explained the purpose of the screening, the procedure, the procedure to protect the child's anonymity, and that the screening did not take the place of a regular dental check-up. (See Appendix 6.)

The screeners, a dentist and a dental hygienist from the Oral Health Program, were trained via the ASTDD video and manual concerning screening protocol.

Screening

On the day of the screening, the screener and recorder, an assistant with the OHP, arrived at the school one-half hour before the scheduled starting time to set up the equipment. An Aseptico portable dental chair and dental light were used. A laptop computer was used to enter the answers to the questions on the permission slip and the results of the

screening. In addition to the dental equipment, a large table or two smaller desks and two chairs were set up for the screening.

Disposable mirrors and tongue blades were used for retraction and visualization. No xrays were taken. Gauze squares and cotton tipped applicators were available to dry the teeth or remove food, if needed. Children screened directly after eating were requested to rinse their mouths before coming into the screening. A new pair of gloves was used on each child.

During the screening the OHP dentist and dental hygienist showed agreement as to caries, caries experience, sealants and urgency based on ASTDD protocol.

The recorder entered the information from the permission slip and the results of the screening into the database. The recorder also entered the child's results on the Report of Dental Screening form which was sent home with the child to the parents. (See Appendix 7.)

The designation of untreated caries was given when the screener saw both a loss of at least ½ mm of tooth structure and dark discoloration. If a filling was also present in the tooth, caries was recorded. A broken or chipped tooth was not considered caries. If the screener was unsure about caries status, it was designated as not caries in the database but the Report of Dental Screening indicated that the child should go to the dentist at the earliest convenience.

The classification of treatment urgency was based on the following categories and criteria: urgent care for a child with pain, abscess, or extensive large caries; early dental care for children just with caries; or none for regular checkups.

Caries experience was defined as a child who was currently experiencing caries or had evidence of experiencing caries in the past. Evidence of past caries included restorations, temporary restorations, or crowns. Teeth that had been extracted for caries were also included; however, teeth extracted for another reason such as trauma or orthodontics were not included.

Sealants were indicated only if the sealant was visible on a permanent molar. Explorers, toothpicks or forced air were not used to determine the presence of sealants. If the sealant was at least partially retained it was indicated as present.

Post-screening

Thank you letters were mailed to the principals with the $1.00 per returned permission slip check for participation.

Nurses in some schools provided follow-up for treatment access for children identified as needing urgent dental care to access treatment. Follow-up included actions such as

Results

contacting parents with the results of the screening; facilitating Medicaid or CHIP enrollment; or making an appointment.

Data were analyzed using Statistical Package for Social Sciences (SPSS) software. To insure local health department validity, statewide results were weighted accordingly.

Results

During the fall of 2000 a screening was conducted in 37 elementary schools throughout Utah. Of the 2395 permission slips distributed, 1801 (75%) were returned. There were 1551 (86%) children screened, the missing children being those who were absent, children who refused to participate or children whose returned slip did not grant permission to screen. Of the 1551 children screened, 1456 were in the six to eight year old category. Results are reported for these children to correspond with HP2010 and previous surveys. The five year old children in first grade and nine year old children in third grade were screened but their results were not included in the data analysis. As data were weighted statewide, the reported results are based on the weighted rates.

Access to care questionnaire

In addition to granting permission to screen the child, the questionnaire included seven questions designed to determine access to dental care. Parents completed the questionnaire as it related to their child. When asked if the child had a toothache more than once during the past six months, 9% indicated yes. There were 58% of the children who had visited a dental professional within the last six months and 20% who had a visit more than six months but less than one year, for a total of 78% visiting the dentist during the past year. The main reasons for the last visit were a check-up, examination or cleaning for 71% and treatment of a condition that the dentist discovered at an earlier check-up for 11% of the children. In answer to the question of whether there was a time during the last twelve months when the child needed dental care but could not get it, 10% answered yes. For those children the primary reasons for not being able to get care were inability to afford it for 56% or lack of insurance for 24%. All other responses to this question had a percent response of 5% or less. The purpose of this study was not to determine the exact percentage of children with medical insurance; rather to compare the reported rates of medical insurance to dental insurance. There were 85% of the children who had medical insurance but only 73% of the children had any dental insurance. See Chart 1 for complete results.

Screening

Of the children screened, 22% had obvious untreated caries and 2% of the children had urgent dental needs. There were 58% of the children with caries experience. For eight year old children, 50% had a sealant present on at least one permanent molar tooth. See Chart 2 for complete results.

Children were screened and data were gathered and analyzed to determine local health departments' rates. The results for local health departments are indicated in Charts 3, 4, and 5 and Figures 1, 2 and 3.

Data for caries, caries experience, and sealants were analyzed by grade and gender. These results are indicated in Chart 6.

Combined dataset results

When screening the children whose permission slip indicated a toothache within the past six months, 42% of those with a history of a toothache presented with untreated caries. However, 10% of the children with a toothache history showed no signs of caries experience.

Dental insurance is often a determining factor in whether or not a person receives dental care. Of all the children 21% did not have dental insurance; however, for the children with a toothache in the past six months 31% did not have dental insurance. Of the children with dental insurance, 85% had a dental visit within the last year versus 68% of the children without dental insurance. Eight percent of the children with dental insurance could not get needed care compared to 17% of those without dental insurance.

Chart 1
Access to Care Questionnaire Results
Statewide

	Frequency	Percent
Toothache in the past 6 months		
Yes	137	9%
No	1207	83%
Don't know	41	3%
No answer	71	5%
Last visited a dentist		
6 months or less	842	58%
More than 6 months/less than 1 year	288	20%
More than 1 year/not more than 3 years	186	13%
More than 3 years	30	2%
Never been to the dentist	48	3%
Don't know	1	0%
No answer	60	4%
Main reason for last dental visit		
Went in on own for check-up, cleaning	1028	71%
Something was wrong, bothering, hurting	103	7%
Treatment of previous condition	166	11%
Other	34	2%
Don't know	9	1%
No answer	96	7%
Parent filled in another reason	21	1%
Needed dental care but could not get it		
Yes	143	10%
No	1205	83%
Don't know	12	1%
No answer	95	7%
Main reason he/she could not get care		
Could not afford it	80	56%
No insurance	35	24%
No way to get there	0	0%
Dentist didn't accept Medicaid/CHIP/insurance	2	1%
Health of another family member	2	2%
Difficulty in getting an appointment	7	5%
Dentist hours not convenient	2	1%
Wait is too long at clinic/office	2	1%

Don't like/trust/believe in dentist	0	0%
Not a serious enough problem	3	2%
Didn't know where to go	1	0%
Speak a different language	0	0%
No dentist available	1	0%
Other	6	4%
Don't know	0	0%
No answer	4	3%

Insurance that pays for medical or surgical care

Yes	1233	85%
No	148	10%
Don't know	7	1%
No answer	68	5%

Insurance that pays for dental care

Yes	1063	73%
No	305	21%
Don't know	10	1%
No answer	78	5%

Chart 2
Screening Survey Results
Statewide

	Frequency	Percent
Caries		
None	1134	78%
Yes	321	22%
Treatment Urgency		
No obvious problem	1198	82%
Early care	225	16%
Urgent care	33	2%
Caries Experience		
None	606	42%
Yes	850	58%
Sealants		
None	253	50%
Yes	252	50%

Chart 3
Untreated Caries in Utah Children 6-8 Years Old
Ranked by Local Health Department

Healthy People 2010 Objective 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.
Target: 21%.
US Baseline: 29% of children aged 6 to 8 years had untreated dental decay in 1988-94.
Utah: 30% of children aged 6 to 8 years had untreated dental decay in 1996.

Local Health Department	Percent
Bear River	12%
Weber-Morgan	16%
Central	19%
Summit	20%
Southeast	20%
Davis	21%
Utah	21%
Salt Lake	24%
Wasatch	29%
Southwest	31%
Tooele	36%
Tri-County	37%
State	22%

Figure 1:
Percent of Children 6-8 Years Old with Untreated Dental Decay in Permanent or Primary Teeth
Utah Oral Health Survey, 2000

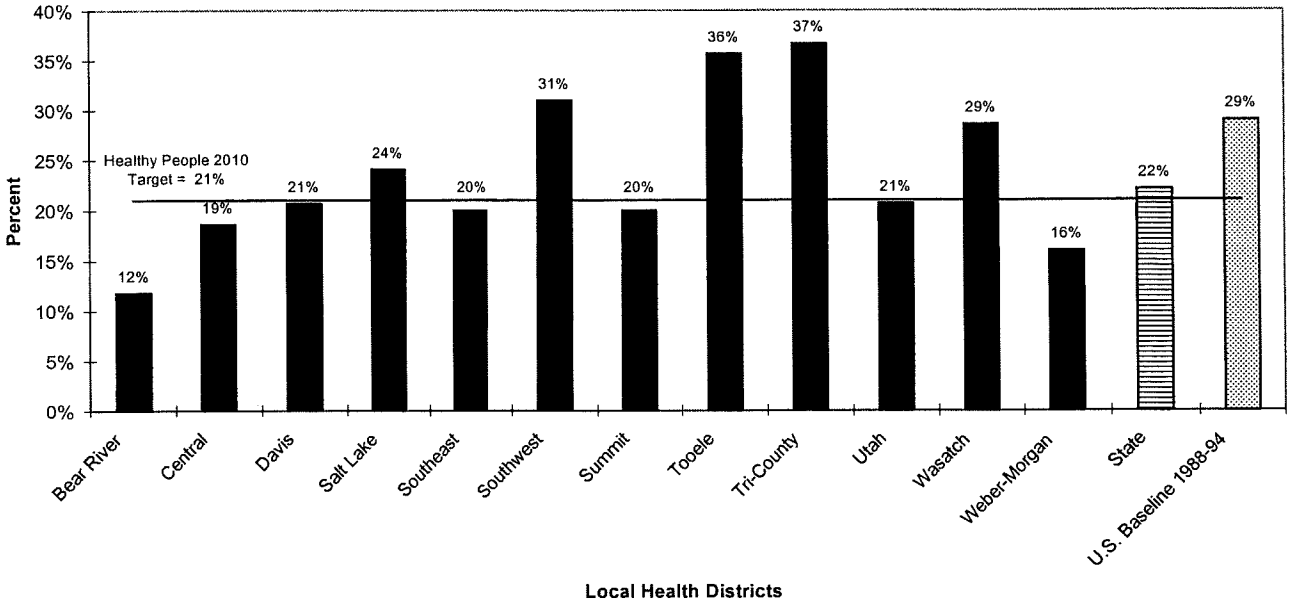

Chart 4
Caries Experience in Utah Children 6-8 Years Old
Ranked by Local Health Department

Healthy People 2010 Objective 21-1b: Reduce the proportion of children with dental caries experience in primary and permanent teeth.
Target: 42%.
US Baseline: 52% of children aged 6 to 8 years had dental caries experience in 1988-94.
Utah: 65% of children aged 6 to 8 years had dental caries experience in 1996

Local Health Department	Percent
Summit	33%
Bear River	51%
Southwest	56%
Salt Lake	58%
Davis	58%
Utah	58%
Wasatch	60%
Weber-Morgan	61%
Central	65%
Tooele	67%
Southeast	73%
Tri-County	73%
State	58%

Figure 2:
Percent of Children 6-8 Years Old with Dental Caries Experience in Permanent or Primary Teeth
Utah Oral Health Survey, 2000

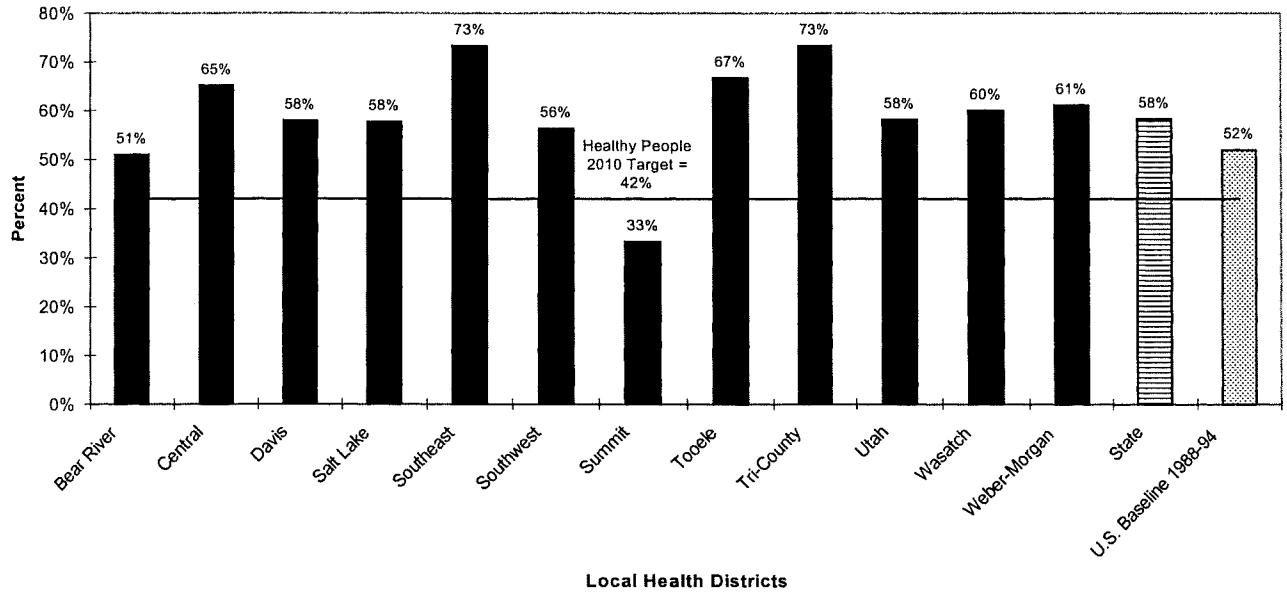

Chart 5
Sealants in Utah Children 8 Years Old
Ranked by Local Health Department

Healthy People 2010 Objective 21-8a: Increase the proportion of children aged 8 years old who have received dental sealants in their molar teeth.
Target: 50%.
US Baseline: 23% of children aged 8 years had sealants in 1988-94.
Utah: 43% of children aged 8 years had sealants in 1996.

Local Health Department	Percent
Summit	67%
Tooele	67%
Weber-Morgan	57%
Davis	57%
Bear River	56%
Utah	55%
Central	50%
Salt Lake	46%
Southwest	41%
Southeast	40%
Wasatch	40%
Tri-County	31%
State	50%

Figure 3:
Percent of 8 Year Old Children Who Have Received Dental Sealants on Their Molar Teeth
Utah Oral Health Survey, 2000

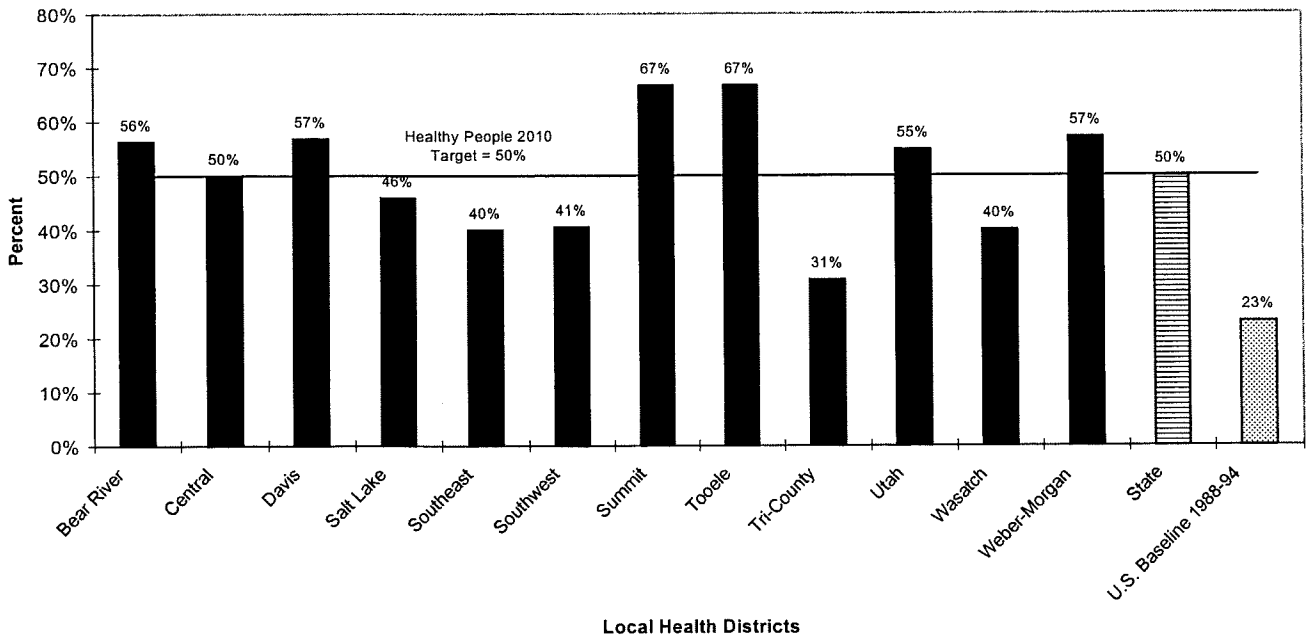

Chart 6
Demographic Results
Statewide

Untreated Caries by Grade and Gender

	Grade		
	1st	2nd	3rd
None	78%	78%	77%
Yes	22%	22%	23%

	Gender	
	Male	Female
None	78%	78%
Yes	22%	22%

Caries Experience by Grade and Gender

	Grade		
	1st	2nd	3rd
None	45%	40%	39%
Yes	55%	60%	61%

	Gender	
	Male	Female
None	42%	41%
Yes	58%	59%

Sealants by Gender

	Male	Female
None	52%	48%
Yes	48%	52%

Discussion

Discussion

The Oral Health Program instituted several changes in the 2000 survey from previous screenings. The following illustrates these changes.

Past	Current
DMFS or DMFT	Caries or caries experience
Mirror and explorer	Mirror and tongue blade
OHP dentist	OHP dentist and dental hygienist
Fluoride history	Not collected
Not collected	History of toothache
Not collected	Last dental visit
Not collected	Access issues
Not collected	Medical and dental insurance
Permanent teeth (1982)	Permanent and primary teeth (1996 and 2000)

Not using a mirror and explorer could have changed the determination of caries present and sealants present to fewer than would have been determined in previous screenings.

Access

The questionnaire results indicated that for the majority of the children access to dental care is available. However, there is a significant percentage for whom access is not reasonably available. There were 18% who were not receiving regular (at least yearly) dental visits. Almost 10% of the children that needed care could not get it, mainly for financial reasons. They could not afford to get the care or they did not have insurance to cover the costs. Poverty and a lack of dental insurance have repeatedly been shown to affect dental health status.

In response to whether or not the child had medical insurance almost 85% said yes. This figure is lower than has otherwise been indicated for children in this state. Collecting data on medical insurance status was not the primary aim of this survey. The method of data collection, sample selection, and targeted ages differed from those used for other insurance coverage estimates in Utah reflecting a difference in the results. These results should not be compared directly with those other survey results and should not be used as a principal source of information on medical insurance coverage.

Caries

The results of the survey reiterate the concept that, while the rate of dental caries is decreasing as a whole, there are still population groups that are not improving. Past state and national surveys have documented that 25% of the children have 80% of the disease. The benefits of regular dental care and other preventive measures are not available to all Utahns. Almost one fourth of the children had obvious untreated caries.

Water fluoridation is the most effective preventive measure. It does not discriminate against insurance status, socioeconomic status, race or ethnicity. Salt Lake County and Davis County residents voted to implement fluoridation in the 2000 election. As these water systems are fluoridated, the caries rate for all Salt Lake and Davis residents will improve. When other areas of the state decide to do this in the future, they would also benefit from water fluoridation.

Treatment urgency

The degree of treatment urgency was defined as none, early dental care and urgent need. For 2% of the children, there was an emergency or urgent dental need. By extrapolating this percentage statewide, there are over 2150 six to eight years old children in Utah with emergency or urgent dental need.

By combining the early and urgent needs (16% and 2%), 18% of the children needed to see the dentist. This finding contrasts with the 22% of the children who had dental caries. The difference between these numbers is due to the child having caries that would not be referred for treatment, such as caries in primary anterior teeth that would soon exfoliate or the dental treatment was currently in progress.

Sealants

The Oral Health Program has conducted an extensive Sealant Promotion Project since 1982. Sealants protect the vulnerable pits and fissures of the tooth's occlusal surface. Initially this project consisted of three objectives.

1. Increase sealant placement in the dental office
2. Increase insurance reimbursement
3. Increase public awareness among parents, teachers, and physicians

During the 1982-1987 promotion, the percent of dentists using sealants increased from 48% to 98% and the percent using sealants frequently (more than ten patients a month) increased from 10% to 48%. The sealant rate on eight year old children increased from 5% to 28%. In 1996 the sealant rate was 45% and in 2000 it was 50%.

Over the past several years, sealant placement projects have been conducted in partnership with local entities.

- The Sealant Saturdays in Salt Lake County involve Salt Lake Valley Health Department, selected high risk schools, local dentists, hygienists and assistants, and the OHP. Sealants are placed on the children's teeth that have been identified as needing sealants at a screening. The sealant placement rate in Salt Lake County has increased from 41% in 1996 to 46% currently.

- Weber State Dental Hygiene Program has been placing sealants on high risk children since 1996. Children in Ogden School District are identified through a screening as needing sealants and transported to Weber where dental hygiene students place the sealants. In 1996 the sealant rate was 50% in Weber-Morgan Health Department. It has increased to 57% in the current study.
- The Dr. Sealant project in TriCounty promoted sealants which were paid for by the local health department. Children received the sealants in the private dentists' office. This project is no longer functioning in the same manner and the rate of sealant placement has fallen from 59% in 1996 to 31% in 2000 in this health district.

Local Health Departments

Some local health departments have consistently shown healthier oral health measures over the past surveys. Several factors may be involved, such as socioeconomic level, availability of insurance, education level, or accessibility to dental care. The Oral Health Program will focus on areas needing more attention.

Local health departments which compared most favorably to the HP2010 Objective to reduce the proportion of children with untreated dental decay in primary and permanent teeth (Target 21%) are Bear River, Central, Southeast, Summit, and Weber-Morgan. The only local health departments which has reached the HP2010 Objective to reduce the proportion of children with dental caries experience in primary and permanent teeth (Target 42%) is Summit. The local health departments which have surpassed the HP2010 Objective to increase the proportion of children who have received dental sealants in their molar teeth (Target 50%) are Bear River, Davis, Summit, Tooele, Utah, and Weber-Morgan.

By comparing urban to rural health departments, there is not a clear difference from one to the other. Access to dental care is affected by a lack of dentists available in rural communities; whereas, access in urban communities is affected by certain high-risk populations being unable to access local dentists. As some rural local health departments cover very diverse populations within their different counties, future surveys may collect county-wide specific data.

Summary

Summary

During the Fall of 2000, the Oral Health Program surveyed children six to eight years old to determine their oral health status. The OHP surveyed 1551 children from 37 elementary schools. Information concerning access to care was collected via a questionnaire completed by the parents. The ASTDD screening protocol was used to determine the percentages of children with untreated caries, treatment urgency, caries experience and sealants present.

Highlights of the survey include:

- More than half of all children had experienced dental caries.
- One in five children had untreated caries.
- 50% of eight years old children had at least one sealant in a permanent molar.
- More than three-fourths of the participants reported that their child visited a dentist within the past year.
- One in ten participants reported that their child needed dental care during the past twelve months but could not get it. The reasons most frequently cited for not getting care were "couldn't afford it" and "no insurance."
- The majority of participants reported having insurance that pays for their child's medical care. However, one in five participants did not have insurance that pays for dental care.

It is clear that dental disease still affects Utah children, with certain populations being disproportionately affected. The results of the survey will be used as a guide for the Oral Health Program and its partners in determining future activities to improve the oral health status of Utah's residents.

Appendix

Local Health Dept.	School	School Dist.
Bear River	Lake View Elem. 011	Box Elder
	Providence Elem. 012	Cache
Central	Delta South Elem. 021	Millard
	Fairview Elem. 022	No Sanpete
Davis	Sunset Elem. 034	Davis
	Farmington Elem. 032	Davis
	Columbia Elem. 031	Davis
	Knowlton Elem. 033	Davis
Salt Lake	Franklin Elem. 041	Salt Lake
	Sunrise Elem. 046	Jordan
	Herriman Elem 043	Jordan
	Horizon Elem. 044	Murray
	Viewmont Elem. 047	Murray
	Granger Elem. 042	Granite
	Morningside Elem. 045	Granite
	Whittier Elem. 048	Granite
Southeast	Creekview Elem. 051	Carbon
	Cottonwood Elem. 052	Emery
Southwest	Minersville School 051	Beaver
	Red Mountain Elem. 052	Washington
Summit	Parley's Park Elem. 072	Park City
	McPolin Elem. 071	Park City
Tooele	East Elem. 081	Tooele
	Stansbury Elem. 082	Tooele
TriCounty	Maeser Elem (K-2) 093	Uintah
	Ashley Elem. (3-4) 091	Uintah
	Davis Elem (K-2) 092	Uintah
	Naples Elem. (3-4) 094	Uintah
Utah	Meadow Elem. 102	Alpine
	Sego Lily Elem. 104	Alpine
	Salem Elem. 103	Nebo
	Amelia Earhart Elem. 101	Provo

Wasatch	Heber Valley Elem. 111	Wasatch
	J.R. Smith Elem. 112	Wasatch
Weber-Morgan	Morgan Elem 122	Morgan
	Lewis Elem. 121	Ogden
	Valley Elem. 123	Weber

Utah Department of Health

DIVISION OF COMMUNITY & FAMILY HEALTH SERVICES

State of Utah

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August 09, 2000

Superintendent
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Address
City, Utah 84000

Dear Superintendent _____ ,

In recognition of the need for current community level oral health status and dental care access data, the Utah Department of Health (UDOH) Oral Health Program will be conducting a statewide oral health survey in the fall of 2000. The purpose is to measure and document statewide oral health indicators, utilizing the guidelines set up in the Healthy People 2000/2010 oral health objectives. The results of this survey will affect future oral health programs of the Utah Department of Health.

We are asking twenty school districts, including yours, to assist in this activity by allowing us to survey children in the first, second, and third grades. One classroom from each of first, second and third grades in randomly selected elementary schools will be selected for the survey. On the scheduled day, the children with permission slips will be surveyed in small groups, in a separate room designated by the school. The process should take no more than forty minutes for each classroom, so we anticipate minimal disruption to the school routine.

The selected schools will be provided with information letters to be sent home to parents. The letter will include pertinent information about the survey, a permission slip, and a few survey questions including the date of the child's last dental visit. A report of any dental needs found during the survey process will be sent home with the child. For each permission slip returned, the individual school/classroom will receive $1.00 to be used as the principal or teacher determines. Our sample includes the following schools from your district: *one school, two school, three school.* Principals of these schools will receive information early in September regarding the selected classrooms and date of the survey.

In order to proceed with these plans, we would appreciate your written or verbal permission by Monday, August 28, 2000. With your approval, we will work directly with the principals to accomplish this important activity.

Please contact Sheryl Stuewe, (801) 626-3663 with questions or comments regarding the survey. Permission to survey may be addressed to Dr. Steven Steed at the address above, by phone, (801) 538-6757, or by e-mail, ststeed@doh.state.ut.us. Thank you very much.

Sincerely,

Steven J. Steed, D.D.S.
Utah State Dental Director
Utah Department of Health, Oral Heal Program

cc to schools noted

Utah Department of Health

State of Utah

Michael O. Leavitt
Governor

Rod L. Betit
Executive Director

A. Richard Melton, Dr., P.H.
Deputy Director

Scott D. Williams, MD., M.P.H.
Deputy Director

George W. Delavan, M.D.
Division Director

DIVISION OF COMMUNITY & FAMILY HEALTH SERVICES

ORAL HEALTH PROGRAM
288 North 1460 West

Mailing Address:
P.O. Box 142001
Salt Lake City, Utah 84114-2001
(801) 538-9177 FAX (801) 538-9440

July 14, 2000
Health Officer
Address
City, UT 84000

Dear (Name) Health Officer,

In recognition of the need for current community level oral heath status and dental care access data, the Oral Health Program in the Division of Community and Family Health Services anticipates conducting a statewide dental survey in the fall of 2000. Your input and support are very important and your suggestions and comments will be appreciated as we embark upon the survey process.

Utilizing the Association of State and Territorial Dental Directors guidelines, we plan to collect data that can be stratified by local health department as well as be compared to Utah and National Healthy People 2000/2010 oral health objectives. We will screen children six through eight years of age in grades 1- 3, then calculate age-specific data including caries experience, untreated decay, and sealant utilization. Access to care, ethnicity and dental insurance information will also be collected.

For the sample selection, at least two elementary schools in each local health department will be randomly chosen, with screening of one first, second, and third grade classroom in each of the selected schools. Therefore, at least six classrooms will be screened in each local health department. In addition, five of the more populous local health departments will have additional schools selected, i.e.: Davis - 4; Salt Lake Valley - 8; Tri-County - 3; Utah County - 4; Weber/Morgan - 3. We are expecting that at least 18 students per classroom will be screened, allowing us to see between 1800 and 2000 children. From this sample, we will calculate statistically valid information regarding the oral health of the children in each health department. Due to time and funding constraints, we will be unable to gather data stratified by county, town or school. Data specific to the at-risk student population are already gathered by *Smile Factory* screening.

We believe the data collected in this survey will benefit you when developing your community plans. Please contact Susan Aldous, (801) 538-6854, for additional information. Thank you for your time and consideration of this project.
Sincerely,

Susan Aldous, R.D.H
Oral Health Program, Utah Department of Health

Cc: Dr. George Delavan

Utah Department of Health

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DIVISION OF COMMUNITY & FAMILY HEALTH SERVICES

ORAL HEALTH PROGRAM
288 North 1460 West

Mailing Address:
P.O. Box 142001
Salt Lake City, Utah 84114-2001
(801) 538-9177 FAX (801) 538-9440

Date

Principal
School
Address
City UT 84???

Dear Principal ????:

Recently you received a copy of the notification letter sent to Superintendent ########### concerning statewide dental survey being conducted this fall by the Oral Health Program, Utah Department of Health. Your school is one of thirty-seven selected to be screened. To assist us with the selection of a specific class from each of the first, second and third grades, we would like you to follow these guidelines. The teacher in each grade whose last name begins with the letter "A" or closest to the letter "A" is the class we would like to examine. A total of three classes, one from each of the three grades, will be screened.

This is a reminder that we will be visiting your school on:

######## ##, 2000 #### a.m. or ### p.m.

Enclosed are seventy–five permission forms with information for the parents. We have allowed twenty-five per class selected in the first, second and third grades identified for this study. The permission form should go home with each child from the selected class at least ONE WEEK before the scheduled examination date. The permission slip needs to be returned with the parent's signature as soon as possible. For each returned form, the UDOH will reward the individual school / classroom with $1.00, to be used as you and your staff determine.

To facilitate the examinations, we ask that prior to the examination date you identify a room, other than the regular classroom, which has several chairs, one large or two small table(s), and two electrical outlets that can be used for the dental exams. Space is needed to set up the portable dental chair and light. The screening process will take approximately 40 minutes per classroom. A report of any dental needs found is sent home with each child.

A member of the examining team will be in contact with you the week prior to the scheduled examination to answer any questions. If you have questions prior to then, please feel free to contact Sheryl N. Stuewe, CDA, at 801 626-3663.

Thank you for you cooperation.

Sincerely,

Steven Steed, DDS
Dental Director

Utah Department of Health

DIVISION OF COMMUNITY & FAMILY HEALTH SERVICES

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ORAL HEALTH PROGRAM
288 North 1460 West

Mailing Address:
P.O. Box 142001
Salt Lake City, Utah 84114-2001
(801) 538-9177 FAX (801) 538-9440

August 21, 2000

Nurse
School District
Address
City, UT

Dear ,

In recognition of the need for current community level oral health status and dental care access data, the Utah Department of Health Oral Health Program will be conducting a statewide oral health survey in the fall of 2000. The purpose is to measure and document statewide oral health indicators, utilizing the guidelines set up in the Healthy People 2000-2010 oral health objectives. The results of this survey will affect future oral health programs of the Utah Department of Health.

The superintendent of the school district and principal of randomly selected schools have received detailed letters concerning the screening. Any assistance the school nurses could give in this endeavor would be appreciated; responding to questions concerning the importance of oral health to the overall health of the child; encouraging principals in sending home consent forms and having parents returning them in a timely fashion; helping move children from the classrooms to the screening room the day of the screening.

The school selected in your district is #### (DATE TIME). The principal is receiving a letter of notification, with the screening date and consent forms by the first of September.

We believe the data collected in this survey will be of benefit to your community in determining future plans regarding specific oral health needs. Thank you for your dedication. We look forward to working with you. If you have questions, please feel free to contact me at (801) 626-3663.

Sincerely,

Sheryl N. Stuewe, CDA
Oral Health Program

Utah Department of Health

DIVISION OF COMMUNITY & FAMILY HEALTH SERVICES

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ORAL HEALTH PROGRAM
288 North 1460 West

Mailing Address:
P.O. Box 142001
Salt Lake City, Utah 84114-2001
(801) 538-9177 FAX (801) 538-9440

Dear Parent:

Your child's school has been chosen to take part in the state health department's "Make Your Smile Count!" survey to learn about the health of children's teeth in your area and across the state. "Make Your Smile Count!" will help us plan future dental health programs. As you know, a healthy mouth is part of total health and wellness and makes a child more ready to learn.

With your consent, a dentist or dental hygienist will screen your child's teeth to check for tooth decay and other dental problems. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental check-ups

Please be assured that the dental screening will be carried out in a healthy manner. Dental gloves will be worn, and we will use a new disposable mirror and tongue depressor for each child, which will be thrown away after one use. The dentist or dental hygienist will follow all guidelines to prevent the spread of disease set by the Centers for Disease Control and Prevention (CDC) for this type of dental survey. The exam is painless and takes only one to two minutes. Results of your child's screening will be added to those of other children, and your child will not be named in any "Make Your Smile Count!" report.

As only 37 randomly selected elementary schools across the state have been chosen, it is extremely important that we have all the children in the selected classes participate.

Please complete and sign the attached consent form. This will allow your child to be in "Make Your Smile count!" Return the form to you child's teacher tomorrow.

Thank you for working with us to learn how to improve the dental health of the children of our state. If you have any questions about "Make Your Smile Count!," please contact Sheryl N. Stuewe, CDA, 801/626-3663.

Sincerely,

Steven J. Steed, DDS
Oral Health Program / CFHS

Consent Form

Please complete this form and return it to your child's teacher tomorrow. Thank you.

Child's name:

_____ _____
Last First Date of birth (Month/day/year)

_____ _____ _____
Teacher's Name Grade Room

Please answer the next questions to help us learn more about access to dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his or her teeth checked.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?
   Yes No Don't know / don't remember

2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Please check one)
   - 6 months or less
   - More than 6 months, but not more than 1 year ago
   - More than 1 year ago. But not more 3 years ago
   - More than 3 years ago
   - Never has been to the dentist
   - Don't know / don't remember

3. What was the main reason that your child last visited a dentist? (Please check one)
   - Went in on own for check-up, examination or cleaning
   - Something was wrong, bothering or hurting
   - Went for treatment of a condition that dentist discovered at earlier check-up or examination
   - Other
   - Don't know / don't remember

4. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?
   - Yes (Please go to Question 5)
   - No (Please go to Question 6)
   - Don't know / don't remember (Please go to Question 6)

5. The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care? (Please check one)
   - Could not afford it
   - No insurance
   - No way to get there
   - Dentist did not accept Medicaid/CHIP/ private Insurance
   - Health of another family member
   - Difficulty in getting an appointment
   - Dentist hours are not convenient
   - Wait is too long in clinic/office
   - Don't like/trust/believe in dentist
   - Other reason
   - Not a serious enough problem
   - Didn't know where to go
   - Speak a different language
   - No dentist available
   - Don't know / don't remember

6. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid or CHIP.
   Yes No Don't know / don't remember

7. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid or CHIP.
   Yes No Don't know / don't remember

Yes, I give permission for my child to have his / her teeth checked.

No, I do not give permission for my child to have his / her teeth checked.

_____ _____
Signature of Parent or Guardian Date

(____) _____ (____) _____
Home Phone Number Work Phone Number

MAKE YOUR SMILE COUNT

REPORT OF DENTAL SCREENING

Oral Health Program
Community and Family Health Services Division
Utah Department of Health

Dear Parents,

A dental screening was conducted at school today. This screening was for dental health assessment purposes and was not designed to take the place of a regular dental check-up. No dental history or x-rays were taken, so our recommendation may not necessarily agree with your dentist's diagnosis. The recommendation below is simply an indication of what our dental professional noted when checking your child.

Please contact me if you have any questions about the results.

Sincerely,

Steven J. Steed, DDS
Dental Director
(801) 538-6160

Student:_____ **Date:**_____

Our examiner recommends:

☐ Your child should continue regular dental check-ups.

☐ Your child may benefit from sealants. Ask your dentist.

☐ Your child has tooth decay and needs to see your dentist at the earliest convenience.

EXAMINER COMMENTS: _____

_____

If your child does not have insurance, you may want to call 1 (800) 662-9651 to find out if he qualifies for Medicaid or call 1 (888) 222-2542 to find out if he qualifies for CHIP.